

## SPRING CONFERENCE REGISTRATION

2017-2018

**By signing this agreement, you will be committing to participate in the New Teacher Conference sponsored by the Collaborative to Support Initially Licensed Professionals.**

**Name of School System:** \_\_\_\_\_

**Superintendent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Representative to Advisory Committee:** \_\_\_\_\_

**Number of Conference Participants** \_\_\_\_\_

**Rate of contribution formula--** \_\_\_\_\_ **(# Participants X \$250)**

**Additional Cost per person if not sharing room** (\_\_\_\_ X \$135)

**Additional Cost for guest meals** (\_\_\_\_ X \$ 48)

**Total contribution** = \_\_\_\_\_

**Make checks payable to Weldon City Schools (FedID: 56-6001132)**

**Payment due prior to March 9, 2018.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**Please return to: Ralph Evans, Director**

**Collaborative to Support Initially Licensed Professionals**

**P.O. Box 68**

**Hollister, NC 27844**